FORM PTO-1083



Perkins Coie LLP P.O. Box 1247 ttle Washington 98111-

03-31-03

Seattle, Washington 98111-1247 Phone (206) 583-8888 Fax (206) 583-8500 AF/3621/14

Docket No.:

38481-8532.US00

Date: March 27, 2003

Express Mail Label EV254122060US

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Mark Robins

APPLICATION No.:

09/540,391

FILED:

March 31, 2000

FOR: FEATURE CENTRIC RELEASE MANAGER

**METHOD AND SYSTEM** 

COMMISSIONER FOR PATENTS

EXAMINER:

James A. Reagan

ART UNIT:

3621

CONF. NO:

2190

RECEIVED
APR 0 3 2003

GROUP 3600

WASHINGTON DC 20231 Sir:

Transmitted herewith is an Amendment Under 37 C.F.R. § 1.116 in the above-identified application.

Applicant claims small entity status. See 37 C.F.R. 1.27.

Applicant has previously claimed small entity status. See 37 CFR 1.27.

A Petition for an Extension of Time for 1 month is enclosed.

A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.

**x** No additional claim fee is required.

**[x]** The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)				
	CLAIMS							
	REMAINING		HIGHEST	PRESENT				
	AFTER		PREV. PAID	EXTRA				
1	AMENDMENT		FOR					
	*		**					
TOTAL	9	-	14	0				
	*		***					
IND.	3	-	4	0				
[ ] FIRST PRESENTATION OF MULT. DEP.								
CLAIMS								
EXTENSION OF TIME FEE								
TOTAL ADDITIONAL FEE								

SMALL ENTITY				OTHER SMALI	
SWALL ENTITI		l	SIVIALL		
I	RATE	ADDITIONAL FEE		OR	RATE
x	9	\$	0		x 18
x	42	\$	0		x 84
+1	140	\$		OR	+280
		\$	0		<del></del>
\$ 0		TOTAL			

	OTHER THAN A					
	SMALL ENTITY					
	RATE	ADDITIONAL FEE				
	x 18	\$ 0				
	x 84	\$ 0	_			
	+280	\$ 0				
		\$110.00				
Γ/	AL.	\$110.00	٦			

ΤΗΔΝΙ Δ

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Please charge my Deposit Account No. 50-0665 in the amount of \$\_. A duplicate copy of this sheet is enclosed. A check in the amount of \$110.00 is attached.

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

[x] [x] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted, PERKINS GOIE LLP

Steven D. Lawrenz

Registration No. 37,376